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1/1175 Attorney Docket Number **DECLARATION FOR UTILITY OR** Michel PAIRET **First Named Inventor DESIGN** COMPLETE IF KNOWN PATENT APPLICATION 10 / 027,662 (37 CFR 1.63) Application Number 12/20/2001 Filing Date ☐ Declaration Declaration Submitted OR Submitted after Initial **Group Art Unit** Filing (surcharge with Initial (37 CFR 1.16 (e)) Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
Chaliava Lam the original	first and sole inventor (if only	one name is listed helow)	or an original fir	st and joint inventor (if plural					
names are listed below) or	the subject matter which is	claimed and for which a pa	tent is sought on	the invention entitled:					
	AL COMPOSITIONS	S BASED ON ANT	ICHOLINEF	IGICS AND					
DOPAMINE AGO	DOPAMINE AGONISTS								
the specification of which (Title of the Invention)									
is attached hereto	•	•							
OR was filed on (MM/D	DYYYY) 12/20/2001	as I Inite	nd States Applicat	ion Number or PCT International					
Application Number 10/0		as amended on (MM/DD/Y		(if applicable).					
I hereby state that I have n	eviewed and understand the ent specifically referred to abo	contents of the above iden	tified specification	n, including the claims, as					
	disclose information which is		defined in 37 CF	R 1 56					
1 acknowledge the daty to t	isclose information which is	material to paterial mity de							
I hereby claim foreign prior	ity benefits under 35 U.S.C.	119(a)-(d) or 365(b) of a	ny foreign applic	ation(s) for patent or inventor's					
certificate, or 365(a) of any	PCT international applications are also identified below by	on which designated at lea	ast one country of ion application fo	other than the United States of r patent or inventor's certificate.					
or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application		Foreign Filing Date Priority Certified Copy Attached?							
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO					
DE 10063957.7	Germany	12/20/2000							
			<u>, </u>						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY)									
60/257,221	onal provisional application								
00,207,227	12/21/2000		numbers are listed on a						
				emental priority data sheet SB/02B attached hereto.					
	F 10/35/025 attached fieleto.								

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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DECLARATION — Utility or Design Patent Application

DLOEA	IA HOIL	Othicy	01.		9_		- 7	nicatio		
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.										
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)				ent Patent N <i>(if applicab</i>		
	Number					••••		(
Additional U.S. or P	CT international applicat	tion numbers are	listed on a	supp	lemental	priority data s	heet PTO/SB/	02B attached h	ereto.	
As a named inventor. I he	ereby appoint the followi	ng registered pra	ctitioner(s							
and Trademark Office co	nnected therewith:	Customer Numb	er	Place Customer						
		OR Registered pract	titioner(s) r	name/i	renistratio	n numher list	ed below L	Number Bar Label her		
		Registered pract		1011101	ogionano			Registration		
Name		Numi				Name		Number		
Robert P. Raymo	ond	25,089				K. Pocci	nıarı			
Alan R. Stempel		28,991		}	•	I. Datlow		41,482		
Mary-Ellen M. De		27,928			Timot	hy X. Witl	Kowski	40,232		
Anthony P. Bottin		41,629								
Additional registered	practitioner(s) named o	n supplemental i	Registered	Pract	itioner Inf	ormation she	et PTO/SB/02	C attached here	to.	
Direct all corresponde		ner Number Code Label				OR	Corresp	ondence add	ess below	
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Address	PATENT TRADEMARK OFFICE									
Address			_							
City					State ZIP					
Country	Telephone				-		Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
Name of Sole or F	irst Inventor:				A petition	n has been	filed for this	unsigned inve	ntor	
Given Name (first and middle [if any])				Family Name or Sumame						
Michel				PAIRET						
Inventor's Signature	staul							Date	Feb. 1, 2002	
Residence: City	Stromberg State			Country Germany Citizenship FR					FR	
Post Office Address	Address August-Gerlach-Str. 22									
Post Office Address										
City	Stromberg State	mberg _{State} 2			55442 Country			Germany		
Additional invento	rs are being named o	on the 1_sup	plement	al Ado	ditional l	nventor(s) s	heet(s) PTC	/SB/02A attac	ched hereto	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

						- -					
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])					Family Name or Surname						
Michael P. PIEPER											
Inventor's Signature	Milal OCi									lan 15,2002	
Residence: City	Ingelheim	State			Country	Germany		Citizensl	hip	DE	
Post Office Address	Selztalstr. 108										
Post Office Address			,. <u>-</u>						•		
City	Ingelheim	State			ZIP	55218	Count	_{ry} Gem	nany	,	
Name of Addition	Name of Additional Joint Inventor, if any:								ventor		
Given Na	me (first and middle [if any])		-	_	Family Name or Surname						
Christopher J. M	istopher J. Montague MEADE										
Inventor's Signature	Christopher to	hn 1	Yon	Lac	ague Heade 7.2.2002					2	
Residence: City	Bingen	State	l	q	Country	Germany	Ŀ	Febru Citizen	0'	GB	
Post Office Address	Burgstrasse 104										
Post Office Address											
City	Bingen	State	e		ZIP	55411	Cou	intry G	ry Germany		
Name of Addition	nal Joint Inventor, if an	y:			A petitio	on has been file	ed for t	his unsign	ed in	ventor	
Given Name (first and middle [if any])					Family Name or Surname						
Inventor's Signature							-	Dat	te		
Residence: City		State			Country			Citizer	ship		
Post Office Address											
Post Office Address											
City		State			ZIP			Country			

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